

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 091542866	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1		1		51		
2		1		1		1	52		
3		2		2		2	53		
4		1		1		1	54		
5		2		2		2	55		
6	1		1		1		56		
7	1		1		1		57		
8		1		1		1	58		
9		1		1		1	59		
10		1		1		1	60		
11	1		1		1		61		
12		1		1		1	62		
13		1		1		1	63		
14		1		1		1	64		
15	1		1		1		65		
16		1		1		1	66		
17	1		1		1		67		
18		1		1		1	68		
19		1		1		1	69		
20		1		1		1	70		
21	1		1		1		71		
22		1		1		1	72		
23		1		1		1	73		
24		1		1		1	74		
25		1		1		1	75		
26		1		1		1	76		
27		1		1		1	77		
28		1		1		1	78		
29		1		1		1	79		
30		1		1		1	80		
31		1		1		1	81		
32		1		1		1	82		
33		1		1		1	83		
34		1		1		1	84		
35		1		1		1	85		
36		1		1		1	86		
37		1		1		1	87		
38		1		1		1	88		
39		1		1		1	89		
40		1		1		1	90		
41		1		1		1	91		
42		1		1		1	92		
43		1		1		1	93		
44		1		1		1	94		
45		1		1		1	95		
46		1		1		1	96		
47		1		1		1	97		
48		1		1		1	98		
49		1		1		1	99		
50		1		1		1	100		
TOTAL IND.	7		9		9		TOTAL IND.		
TOTAL DEP.	17		20		20		TOTAL DEP.		
TOTAL CLAIMS	24		29		29		TOTAL CLAIMS		